

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN388AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/19/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>SAINT JOSEPH CARE HOME-HIGHLAND</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>456 HIGHLAND AVE RENO, NV 89512</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 5/19/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for 53 Residential Facility for Group beds for elderly and disabled person and/or persons with mental retardation, Category I residents. The census at the time of the survey was forty five. Fifteen resident files were reviewed and thirteen employee files were reviewed. One discharged resident file was reviewed.  The facility received a grade of A.  The following deficiencies were identified:	Y 000		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A / Tuberculosis  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1  This Regulation is not met as evidenced by: Based on record review on 5/19/11, the facility failed to ensure 4 of 13 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing (Employee #7, #8, #10, and #11).  Severity: 2 Scope: 3	Y 103			
Y 255 SS=F	449.217(6)(a)(b) Permits - Comply with NAC 446 on Food Service  NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division.  This Regulation is not met as evidenced by: Based on observation, interview and record review on 5/19/11, the facility failed to ensure the kitchen complied with the standards of NAC 446.  Findings include:  1. Critical Violations:  a. Multiple badly dented cans of pasta noodles,	Y 255			

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Y 255	<p>Continued From page 2</p> <p>squash, split pea soup, and pasta sauce were observed in the kitchen and dry storage room.</p> <p>b. Raw meat was stored next to and touching milk containers in the reach-in refrigerator located in the dining area.</p> <p>2. Cleaning and Sanitation Issues:</p> <p>a. Multiple wet wiping cloths were improperly stored throughout the kitchen.</p> <p>b. There was no paper towels at the kitchen hand washing sink.</p> <p>Severity: 2 Scope: 3</p>	Y 255			

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